VR LC Meeting
10/1-2/13
Lincoln N 27th VR Office

10/1/13

Agenda: VR LC will practice using 3 different methods of getting to the root of problems. The charge from the last meeting for this meeting was:

In preparation for the October 1 and 2 Leadership Council Meeting, LC members were to meet with their team and rank the following 10 issues using the numbers 1 to 10, where 10 is the issue of lowest concern to their team and 1 is the issue of highest concern to their team. The summary ranking by all teams determined the top issues the LC will tackle using the Fishbone Diagram Model or possibly another process.

Mark mentioned that Nebraska VR submitted and was chosen as one of the Research and Technical Assistance Center (RTAC) Grant Sites for the MyVR project. Other sites and projects are :

Cohort 1:
Alabama — increased use of business intelligence tools — data dashboard
Florida — systematic and comprehensive approach for assessing vendor performance
Indiana — implement supervisory competencies within a virtual office environment (has no offices, staff working from home using laptops — trying to save money but not sure it's working well)
Maine – improved employment outcomes for those individuals who receive CRP services through the agency
Michigan — QA system that will allow staff to proactively use diverse data resources
New Jersey — implement metrics for VR staff that define agency for performance
TX — apply the 4-D cycle of Appreciative Inquiry methodology to strategic planning
VA — improve the use of data in agency decision-making

Cohort 2:

California — increase the quality and quantity of successful employment outcomes
Colorado — succession planning, workforce recruitment and retention model
Connecticut Combined: create a strategic planning framework that increases efficiencies across both agencies
Delaware — development of benchmarks to inform decision-making performance management, communication, and the improvement of a leadership model
Kentucky Blind — build partnerships with employers
Kentucky — counselor performance evaluations including qualitative aspects of successful outcomes
Missouri — leadership development and succession planning (motivational interviewing to supervisory staff)
Nebraska — QA and customer engagement through social media (MyVR)

New Jersey Blind — strategic partnership with the workforce system to pilot an industry-specific employment services with the financial services industry
North Carolina — enhance strategic planning processes to identify, incorporate and improve best practice adoption statewide

Nebraska VR is not alone with what we are facing as seen in the projects other states have taken on for the RTAC.

Review of Survey Results/discussion

The summary ranking of top issues by all VR teams is (survey results are attached:

1. Increase referrals including the quality and type (more "physical" disabilities)
2. Strengthen business partnerships
3. Establish uniform processes/consistency across teams
4. Improve communication between teams (placement/employer contacts)
5. Address staff turnover/retention
6. Measure and assess work loads to address inequities
7. Improve communication between state and field offices
8. How to manage/prioritize short term goals vs. career planning
9. Modify new staff training schedule to reduce time away from the office and to be more timely
10. Make eligibility on the basis of a hearing loss less restrictive

Tools of discovery — 3 tools to use with the team — use what you feel comfortable in using to get to the root cause of problems:

1. Affinity Diagrams — brainstorming method (most of you are familiar with) — capture issues on sticky notes, group notes, title the groupings, titles are issues, causes are other discussion, ID strategies to resolve problem.
   Affinity Diagram... http://m.youtube.com/watch?v=ztTR8CKKS2Q

2. Root cause analysis Fishbone diagramming —Ask (why?) to get to the root cause of problems — Five Why's to ID the root cause
   Root cause analysis using fishbone and five whys,
   http://m.youtube.com/watch?v=Kz5Pr8aPKtw
   More on five whys
   http://m.youtube.com/watch?v=P6ysWvIl0t8&desktop_uri=%2Fwatch%3Fv%3DP6ysWvIl0t8

3. Parallel Thinking: Six Thinking Hats (principle of parallel thinking: everyone thinking in the same direction, from the same perspective, at the same time) (Handout of the 6 Thinking Hats is attached)
   Six thinking hats video 1
   http://m.youtube.com/watch?v=CHl6X740OsU

Six thinking hats video 2
http://www.youtube.com/watch?v=cjVxSk1MqO4&sns=em

Introduction:

First issue — **1. Increase referrals including the quality and type (more "physical" disabilities)** — What is the root cause of not getting people with physical disabilities as referrals?

Assignment: Staff broke into 3 groups with each group using one of the methods for what is the root cause of not getting people with physical disabilities as referrals?

1st group (affinity diagrams): societal awareness, client personal perception of disability, VR focused change, external things that affect VR that we have no control over, more outreach

2nd group (Fishbone): external processes affecting, don't have manpower to reach-out, do people with disabilities think they have a disability?, lack of data to know where we are

(Things have changed since the ADA: maybe people with physical disabilities don't think of themselves as having a disability anymore because the barriers have been removed. If the person is using a wheelchair, is the wheelchair a barrier to employment?)

3rd group (6 Hats): communication lacking between MD office and VR, no follow-up, who are the referral sources

LC members mentioned more data is needed. iPads were used to find data. LC members met in 3 groups to get to the root cause of why we have decreased numbers of referrals of people with physical disabilities.

Reports/discussion (After doing more research on issue #1)

Fishbone: Typically the process is the issues, there are external AND internal processes (i.e., DDS can't make referrals to VR, state VR can't work with Work Comp VR), statistics: what we tend to find in NE is that there are a greater amount of people with physical disabilities working (70% aren't working, 30% are). Causes: medical community doesn't think much beyond treatment. How do we address that cause?

Affinity: Group identified all the little things we see on a daily basis (external/internal); divided sticky notes into groupings. See all the issues in one grouping and then you can see overall issue. Society awareness, client perceptions, VR's perceptions, outreach. Root cause: it seems like society is more aware of and accommodating for people with physical disabilities vs. i.e., mental health. Some don't think someone in a wheelchair has a disability. Seems like work places accommodate for someone hurt on the job so VR isn't needed in this area like in the past. Are getting quality physical referrals a reflection of an easy case? We can see concrete solutions with physical disabilities. Is that an easy

closure? We are getting more substance abuse/mental health cases. Solutions: On some level, we aren't going to get physical disabilities; however, what services can we offer for mental health, etc.?

Serving people with disabilities is real; it's isn't easy or hard. It's real.

(Do support groups know about VR? Could we partner with support groups? Groups/Businesses have equipment but do they know how to adapt for individuals? For example, ATP is a source for adaptive devices — do groups/businesses know about ATP? Groups/businesses may not know they need VR/ATP. VR should be asking the questions of others of how can VR help them — businesses don't think like VR.)

6 Hats: We may not need to increase referrals with physical disabilities. Data does not support that we need to increase referrals. Root: long term staff perceptions. Some services to mental health were outsourced in the past. We couldn't get to root cause of MH vs. physical disabilities because we didn't see in the data that there was an upset.

The perception itself is the issue so what is the reason? Perception that substance abuse is hard. Solution would be helping staff to be educated, get more services, to have more options vs. alcohol dependence (people, in general, don't know what to think about various disabilities). We don't know what staff's perceptions are of various disabilities.

Educating staff: Why? Staff's perceptions of a physical disability — staff have an idea of what a physical disability is. (An LC member has acquaintances that have Asperger's — — touch/taste are affected because of a mental disability.) A primary disability has to be chosen.

Perception is the issue. Differing ideas of physical limitations because categorization is an issue focusing on primary disability and not reporting on physical limitations.

Need to address: perception and information to staff. Facts verify that we are serving people with physical disabilities.

If mental health is the primary impairment, 90% of them have trouble accessing mental health care. With the new affordable health care, those individuals may have more access to mental health care.

#1 issue might not have been #1 in all offices so possibly there is a perception issue for just a few.

Second issue — **3. Establish uniform processes/consistency across teams**
What is the root cause of inconsistency across teams?

Reports/discussion

Affinity — Started with main issues of rules (lots of stickies): rules between offices are different and staff pick up on that (rules: there are OD rules and best practices, "that is what we have always done," random rules that aren't policy-related; every OD handles things differently, personnel issues are

handled differently at every office; office operations, rules, communication (non-negotiable things like number of staff in an office, rural/urban); values and trust — non-issues, how much do you trust your supervisor or other staff members, what are their values and what are their values they display for the customer, how vested is the person in their jobs. Rules vary from office to office. Clients differ from office to office. There isn't going to be consistency across offices. Inconsistencies are noticed when you go to meetings with various other teams. Solutions: None because values and trust are so big. Staff felt the affinity method of problem solving was a good method.

Fishbone — Don't know if it's the fishbone or the problem but it was hard. Started with trying inconsistency/consistency in teams, i.e., task notes, handling of orientation, how money is spent, transfers. Root cause is although VR has policies/procedures, those policies/procedures are subject to interpretation. Every OD interprets these policies/procedures in a different way: same case but different answers. That's what we love about VR because VR isn't rigid; can brainstorm, have creativity to come up with solutions. Root is also good. Solution: None. Multi-faceted issue. If ODs have a different interpretation of each policy, would it be a good idea to have a meeting just on that policy? How we spend money is always going to be different so there is no solution. Orientation could be standardized. When team members change, things change. Staff felt the fishbone method was hard to use.

6 Hats — Process was more conversation which was interesting. Discussed issue and overall themes. Inconsistency in consumer-services and what is provided, that every consumer has access to every service. Finding those inconsistencies within the teams can be from personal biases. Root: communication and how things are handled within your own team/office. Dashboard could help to see if there are inconsistencies. Shadowing of staff would be a good idea. Conclusion: As long as you get to the end result, then it's fine how you get there, within the rules, and putting the consumer first. Staff felt this method was that you would get better the more you do it. Sometimes you have to step out of your "hat" when you are role playing another "hat."

Inconsistency in how we treat each other within the office may be an issue. Discussion was brought up that an office has issues which are discussed year after year and are told by management that "we'll get to it," but it never gets to the point of addressing the issue. Then staff shut down or don't bring it up anymore. Not sure why there isn't any follow-up. In the past, it was "odd" when previous Director/Asst Director would meet individually with the staff. A few ODs were not involved in the FedEx Days which was odd because is the OD really vested? Notes were even taken down from the FedEx Days. Staff would like to have the ODs input so staff would like the OD in the FedEx Days. Program Directors have been assigned to the FedEx Days projects for follow-up. Staff want to be part of the decisions, you know you have been heard if you are part of the decision. FedEx Days was good for communication on several teams. If there are staff members, OD included, that won't step up to lead, it's the LC's opportunity to step up to take the lead. VR LC are leaders on their teams so it's your opportunity to speak up. Do you feel there is inconsistency within your team? There is. VR does provide unique services so it's okay to agree to disagree. Staff do support each other, we look out for each other.

The OD in attendance felt that if she has questions about something, she feels like she can ask other ODs. OD has not had a problem getting feedback. Responses from other OD's were not drastically different. Inconsistencies are paying for case services and why we are/aren't paying for certain services? Why? People are different. VR provides individualized services. Problem with consistency is that some staff approve everything, has to do with the personality of the counselor. Does the OD trust you as the staff member? Always comes down to trust of the staff member by the OD. Inconsistencies are not a bad thing; things are going to be different. There must be trust when it comes to case services. Turnover does affect trust.

Decisions are made based on individual circumstances.

Staffing/communication is important in building relationships.

Information from DIG meeting is inconsistent in how it comes back to the teams. An idea from FedEx Days was videostreaming meetings which helps with transparency. An annual academy was an idea from FedEx Days for staff to get together to discuss/review/update policy. May be a good idea to have a committee for VRIS policy. Ask the Director was controversial in the beginning but now seems to be okay as some ODs thought Ask the Director was going around the supervisor for direction.

Root causes: Inconsistencies are within the team and office but how big of an impact is the inconsistency on the client and the team. Something minor, not a big deal but if it's causing problems over and over then it needs to be addressed. Sometimes ODs need to get involved so that all can come to a conclusion. There is always going to be inconsistency. You have to weigh how big the issue is. You shouldn't take it personal. Differences are our strengths. You have to be flexible for unique needs. You must have staff wearing the hats.

Third issue: **Improve communication within the team.**

Reports/discussion
Fishbone: Saige was complemented on being very good at this method. Main problems: placement vs. job ready. Someone comes to placement and placement sends back to counselor because they aren't job ready. Leadership — there are inconsistencies in dissemination of information from meetings. Quantity — too much communication (emails). Morale: people have bad morale, lack of trust due to gossip. Solutions: placement vs. job ready. Need clarification on what job ready is. Team should work on what job ready is.

Affinity: Easier to do. Free flowing. LC members threw out ideas. Then they grouped the ideas and came up with 5 groupings. How a staff comes up with their own ideas, way you communicate. There has to be a process to give their input. A process should be agreed on by the team. Solution: the process should be agreed on and which works for everyone. Then evaluate and refine it to extent of defining it. Make a process or refine a process they already have.

6 Hats: Staff couldn't stay true to the hats. Somebody is the facilitator so that's a good role. Process had different hats and members tried to stay within the hats. Tried to work from the bottom up and

see what little issues and qualify them. Communication is not the best within the team. Info from Director to ODs to staff is miscommunication. Communication between placement and counseling, are they job ready sometimes has miscommunication. From those 2 root causes: solutions are (communication from DIG) have minutes sent out to staff. Streaming — not everyone can sit at the computer during the streaming of a meeting or training, could minutes be sent out? Counselor communication — meeting with counselor, placement, client. Problems in placement: Career planning v. placement. General way to enhance communication: Strengthsfinders. One office had LC members do morale builder within the office.

First impressions are important. Take the time as a counselor to meet with the consumer and then when you pass them off to placement, take the time to introduce the consumer to placement so they don't have to go through everything again. Staff that have been here for awhile are not as affected by the reviews as newer staff. Are placement standards an issue? There is an advantage of being placement before counselor. Initial process is pretty slow but then placement is you are meeting every week. Are you ready for that? Again, it's all about communication. Placement should shadow career planning. Placement has made community contacts so you want to make sure you have a good person going to those jobs — it's integrity of staff member. You want to have the right person who is job ready go to the employer. Standards are developed by the Employment Committee. Root cause could change. WIA could change that. How to meet employer services? We may not know for awhile. It's everyone's responsibility for placement, not just placement staff. We are a team, not individual staff members. Business relations specialists is a new term for placement. How it all will fit together is not known until WIA reauthorized.

Mark:
All methods were used to get at the root causes of problems. Communication within the team: multiple issues: 1) communication between counselor and placement. If we don't have standards, what are we held to? Use a team approach and have individuals involved within the communication. 2. Some teams might want to shadow others on the team. (Annual academy event might be a good thing.)

When a consumer is coming back to VR for services, there are lots of things to think about.

Feedback on the discovery tools

Goal was to practice these methods. If you know the issues, Hats would help. If you don't know the issues, Affinity could be the method. Fishbone — ask the Whys?

What did we learn?

If you can trust people to do their jobs, the issues won't be there. Sometimes we haven't developed trust/relationships within the team.

Issues: increasing referrals — perception is the issue; we think we are serving people with physical disabilities; need data. Who are we serving? Who were we serving 10-15 years ago? Has it changed

over time? Get a better handle on that. In the meantime look at categorization and functional limitations, get on dashboard to track. If you have it before you, you can see that we are working with people with physical disabilities.

Establish uniform processes across teams — we looked at individualized services and we have to be different there. Communication is the root cause. We need to be different. Other root cause is personal biases. Solutions: dashboard, transparency and what that offers, shadowing, academy, simplification of VRIS, having meetings around consistency and decision making of ODs. Does it really matter when the end result is okay? If it impacts S&I, yes, it does but in some other cases, not so much so. OK not to be so rigid.

What did you think about the methods?

The more you used the methods, the easier it was. Good to know these methods and use with the team. Enjoyed hearing from other LCs for their own knowledge. An LC mentioned it might be a good idea to start with affinity and bring to fishbone. An LC member felt VR is doing pretty good after hearing the discussion of the issues.

Charge for December 9, 2013 VR LC meeting:

Take 1 of the 3 issues (used today) using 1 of the 3 methods and problem solve with your team. May not want to start with the 6 Hats. Affinity is the probably the easiest. Get to the root cause and how would the team solve it? Then bring it back to the videoconference on 12/9 from 9:30-11:30 a.m. CT.